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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10648790 | <b>Applicant(s)/Patent Under Reexamination</b><br>EASTER ET AL. |
|   | <b>Examiner</b><br>MAIKHANH NGUYEN         | <b>Art Unit</b><br>2176   |

| ORIGINAL           |                                   |          |     |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 715                |                                   | 225      |     |  |  | G                            | 0 | 8 | F | 15 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |  |  | G                            | 0 | 9 | B | 3 / 00 (2008.01.01)  |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  | G                            | 0 | 8 | F | 7 / 00 (2008.01.01)  |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 715                | 224                               | 228      | 273 |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 434                | 322                               | 385      |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 707                | 3                                 | 104.1    |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 13    | 17       | 31    | 33       |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 14    | 18       |       | 34       |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 15    | 19       |       | 35       |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 16    | 20       |       | 36       |       |          |       |          |       |          |       |          |       |          |
|   | 5        | 17    | 21       |       | 37       |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        | 19    | 22       |       | 38       |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        | 20    | 23       |       | 39       |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        | 21    | 24       |       | 40       |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        | 22    | 25       |       | 41       |       |          |       |          |       |          |       |          |       |          |
| 9   | 10       | 23    | 28       |       | 42       |       |          |       |          |       |          |       |          |       |          |
|   | 11       | 24    | 27       |       | 43       |       |          |       |          |       |          |       |          |       |          |
|   | 12       | 25    | 28       |       | 44       |       |          |       |          |       |          |       |          |       |          |
|   | 13       | 28    | 29       |       | 45       |       |          |       |          |       |          |       |          |       |          |
|   | 14       | 27    | 30       |       | 46       |       |          |       |          |       |          |       |          |       |          |
| 11  | 15       | 28    | 31       | 18    | 47       |       |          |       |          |       |          |       |          |       |          |
| 12  | 16       | 29    | 32       | 30    | 48       |       |          |       |          |       |          |       |          |       |          |

|  |                      |                                    |                        |
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| /MAIKHANH NGUYEN/<br>Examiner, Art Unit 2176<br><br>(Assistant Examiner) | 12/02/2009<br>(Date) | <b>Total Claims Allowed:</b><br>31 |                        |
| /Laurie Ries/<br>Primary Examiner<br><br>(Primary Examiner)              | 12/3/2009<br>(Date)  | O.G. Print Claim(s)<br>1           | O.G. Print Figure<br>3 |